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County: Dane
NAZARETH HOUSE
814 JACKSON STREET
STOUGHTON 5 STOUGHTON 53589 Phone: (608) 873-6448

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 99

Total Licensed Bed Capacity (12/31/00): 99

Number of Residents on 12/31/00: 98 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Non-Profit Church Related Skilled No No Average Daily Census: 97

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	24. 5 45. 9
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 39. 8	Under 65 65 - 74	1. 0 4. 1	More Than 4 Years	29. 6
Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse	5. 1 0. 0	75 - 84 85 - 94	25. 5 53. 1	**********	100.0
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	16. 3	Full-Time Equivaler	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	0. 0 0. 0	05 0 0	100. 0	Nursing Staff per 100 Re (12/31/00)	esi dents
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	0. 0 11. 2	65 & 0ver	99. 0	RNs	9. 4
Referral Service Other Services	No No	Di abetes Respi ratory	1. 0 0. 0	Sex	<b>%</b> 	LPNs Nursing Assistants	6. 6
Provi de Day Programming for Mentally Ill	No	Other Medical Conditions	42. 9	Male Female	13. 3 86. 7	Aides & Orderlies	37. 7
Provide Day Programming for Developmentally Disabled ************************************	No	· · · · · · · · · · · · · · · · · · ·	100. 0		100.0	· · · · · · · · · · · · · · · · · · ·	

## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		Other Priv			Private Pay			Manageo	d Care	Percent			
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	 1	1 9	\$155.00	0	0. 0	\$0.00	1	1. 0%
Skilled Care	ŏ	0. 0	\$0.00		ö. ö	\$106.34	•	100. 0	\$141.11	50		\$130.00	ŏ	0. 0	\$0.00	96	98. 0%
Intermediate				0	0.0	\$0.00	0	0.0	\$0.00	1	1.9	\$130.00	0	0.0	\$0.00	1	1.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	i. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		45 10	0.0		1	100. 0		52	100.0		0	0.0		98	100.0%

Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti on	s, Services,	and Activities as of	12/31/00
Deaths During Reporting Period							
0 1 0		)		% N	eedi ng		Total
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of
Private Home/No Home Health	<b>25.</b> 0	Daily Living (ADL)	Independent		Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	1. 0		44. 9	54. 1	98
Other Nursing Homes	18. 8	Dressing	6. 1		49. 0	44. 9	98
Acute Care Hospitals	40.6	Transferring	25. 5		44. 9	29. 6	98
Psych. Hosp MR/DD Facilities	0.0	Toilet Use	21. 4		38. 8	39. 8	98
Rehabilitation Hospitals	0. 0		40. 8		38. 8	20. 4	98
		Eating	40.0	****	JO. 0 **********	ω <b>υ. 4</b>	<b>30</b>
Other Locations	15.6		****	· · · · · · · · · · · · · · · · · · ·	• 1 17	· · · · · · · · · · · · · · · · · · ·	0/
Total Number of Admissions	32	Continence	1 6 .1 .		pecial Treat		%
Percent Discharges To:		Indwelling Or Externa		3. 1		Respiratory Care	9. 2
Private Home/No Home Health	0.0	0cc/Freq. Incontinent		60. 2	Receiving T	Cracheostomy Care	0. 0
Private Home/With Home Health	9. 4	Occ/Freq. Incontinent	of Bowel	48. 0	Receiving S		0. 0
Other Nursing Homes	0. 0	_			Receiving (		2. 0
Acute Care Hospitals	9.4	Mobility			Receiving 7	Tube Feeding	2. 0
Psych. HospMR/DD Facilities	0. 0	Physically Restrained		10. 2	Receiving M	Æchanically Altered Di	ets 39.8
Reĥabilitation Hospitals	0. 0				8	J	
Other Locations	0.0	Skin Care		0	ther Resider	nt Characteristics	
Deaths	81. 3	With Pressure Sores		3. 1		ce Directives	100. 0
Total Number of Discharges		With Rashes			edi cati ons		
(Including Deaths)	32				Receiving F	Sychoactive Drugs	57. 1
***********	*****	************	******	******	******	********	******

		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	Thi s	This Nonprofit		50-	. 99	Ski l	l ed	Al l	
	Facility	Tacility Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98. 0	87. 8	1. 12	87. 3	1. 12	84. 1	1. 17	84. 5	1. 16
Current Residents from In-County	88. 8	82. 6	1. 07	80. 3	1. 10	83. 5	1.06	77. 5	1. 15
Admissions from In-County, Still Residing	68. 8	25. 9	2. 65	21. 1	3. 26	22. 9	3. 00	21. 5	3. 20
Admissions/Average Daily Census	33. 0	116. 8	0. 28	141. 8	0. 23	134. 3	0. 25	124. 3	0. 27
Discharges/Average Daily Census	33. 0	117. 3	0. 28	143. 0	0. 23	135. 6	0. 24	126. 1	0. 26
Discharges To Private Residence/Average Daily Census	3. 1	43. 9	0. 07	<b>59. 4</b>	0. 05	<b>53. 6</b>	0.06	49. 9	0.06
Residents Receiving Skilled Care	99. 0	91. 3	1. 08	88. 3	1. 12	90. 1	1. 10	83. 3	1. 19
Residents Aged 65 and Older	99. 0	97. 1	1. 02	95. 8	1.03	92. 7	1. 07	87. 7	1. 13
Title 19 (Médicaid) Funded Residents	45. 9	<b>56.</b> 2	0.82	57. 8	0. 79	63. 5	0. 72	69. 0	0. 67
Private Pay Funded Residents	53. 1	37. 5	1. 41	33. 2	1.60	27. 0	1. 96	22. 6	2. 35
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	44. 9	36. 3	1. 24	32. 6	1. 38	37. 3	1. 20	33. 3	1. 35
General Medical Service Residents	42. 9	21. 1	2. 03	19. 2	2. 23	19. 2	2. 23	18. 4	2. 33
Impaired ADL (Mean)	<b>59. 4</b>	50.8	1. 17	48. 3	1. 23	49. 7	1. 20	49. 4	1. 20
Psychological Problems	57. 1	<b>50.</b> 0	1. 14	47. 4	1. 20	50. 7	1. 13	50. 1	1. 14
Nursing Care Required (Mean)	7. 3	6.8	1. 07	6. 1	1. 20	6. 4	1. 13	7. 2	1.02